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PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	GAO-0001
	First Named Inventor	Lindsay Roth
	Original Patent Number	6,355,023
	Original Patent Issue Date (Month/Day/Year)	March 12, 2002
	Express Mail Label No.	EV 449616451 US

APPLICATION FOR REISSUE OF:

(Check applicable)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original Patent Grant
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
7. <input checked="" type="checkbox"/> Original U.S. Patent currently <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: _____
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	H.M. Bedingfield	Registration No. (Attorney/Agent)	44,530
Signature	<i>H.M. Bedingfield</i>	Date	3/12/04

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

GAO-0001

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3)		Small Entity		Other than a Small Entity	
			Number	Extra	Rate	Fee	Rate	Fee
(A)	14	(B)	14	**** 0 =	x \$ 9 =	\$0	or	x \$ 18 = \$0
(C)	2	(D)	2	* 0 =	x \$ 43 =	\$0		x \$ 86 = \$0
Total Claims (37 CFR 1.16(j))						\$385		\$770
Independent claims (37 CFR 1.16(i))						\$385		\$770
Basic Fee (37 CFR						\$385		\$770
Total Filing Fee						\$385		\$770

Claims as Amended - Part 2

	(1)		(2)	(3)	Small Entity		Other than a Small Entity		
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	** 14	* 0	x \$ 9 =	\$0		x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 2	= 0	x \$ 43 =	\$0		x \$ 86 =	\$0
Total Additional Fee						\$0	OR		\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 06-1130 in the amount of \$770.
A duplicate copy of this sheet is☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1130.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

MARCH 12, 2004

Date

44,530

Registration Number, if applicable

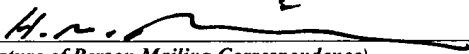
Signature of Applicant, Attorney or Agent of Record

H.M. BEDINGFIELD

Typed or printed name

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10) Applicant(s): ROTH ET AL.			Docket No. GAO-0001
Serial No. 6,355,023	Filing Date ISS 3/12/02	Examiner	Group Art Unit
Invention: CLOSED SYSTEM ACCESS DEVICE			
<p>I hereby certify that this <u>Reissue appln, 37 CFR 3.73(b) Statement with Title Docs, Copy of Patent, Declarat</u> (Identify type of correspondence)</p> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Director of the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>MARCH 12, 2004</u> (Date)</p> <p><u>H.M. BEDINGFIELD</u> (Typed or Printed Name of Person Mailing Correspondence)</p> <p><u></u> (Signature of Person Mailing Correspondence)</p> <p><u>EV 449616451 US</u> (Express Mail Mailing Label Number)</p>			
<p>Note: Each paper must have its own certificate of mailing.</p>			